

SAMPLE LEGAL GUARDIAN LETTER

(Use Your School District Letterhead)

(insert date)

(insert legal guardian's name)

(insert legal guardian's address)

Dear (insert legal guardian's name):

The Medicaid program will reimburse school districts for services provided to students on an Individualized Education Program (IEP) and enrolled in one of Vermont's Medicaid programs. With your consent we can bill the Medicaid program for some services included in your child's IEP. Please complete the attached Release of Information form indicating whether or not you will authorize the release of this billing information. We appreciate you returning this form regardless of your decision.

Allowing the school district to bill Medicaid for services outlined in your child's IEP will in no way affect your child's Medicaid benefits. When you give your consent, all information about your child will be kept confidential. If you choose not to give your consent, your child will continue to receive the same level of services required in the IEP. If you have other health insurance, as well as Medicaid, your other health insurance will not be billed for services provided by the school.

A physician's review is required before services can be billed to Medicaid. The (insert school name) utilizes the services of a contracted physician to review information for Medicaid billing purposes. If you would prefer that only your child's physician review his/her records, please place a note on the Release of Information form.

The funds the school receives from billing Medicaid will be used to provide additional programs for all students.

If you have any questions about this program, please call me (insert your name), at (insert phone number).

Thank you for your response.

Sincerely,

(insert name and title)

Enclosures: Release of Information form
Stamped and addressed envelope